		(X2) MUL	TIPLE CONSTRUCTION	(X3) DA	OMB NO. 0938-039 (X3) DATE SURVEY			
		A. BUILDI	NG	COI	COMPLETED			
	145678		B. WING		02	02/26/2013		
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP COD	E			
LEXING	ON OF SCHAUMBU	RG		675 SOUTH ROSELLE ROAD SCHAUMBURG, IL 60193				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE		
F 309	Continued From page 3 urosepsis and also recent onset of: Acute DVT (Left popliteal deep vein thrombosis) with PE (Pulmonary embolism).		F 3	09				
F9999	The resident transf discharge from the FINAL OBSERVAT		F99	99				
	LICENSURE VIOL	ATION:						
	300.610a) 300.1210d)1)2) 300.3220f) 300.3240a)							
	Section 300.610 R	esident Care Policies						
	procedures, govern the facility which sh Resident Care Poli least the administra the medical adviso representatives of the facility. These p with the Act and all These written polic operating the facilit least annually by th	have written policies and hing all services provided by hall be formulated by a cy Committee consisting of at ator, the advisory physician or ry committee and nursing and other services in policies shall be in compliance rules promulgated thereunder. ies shall be followed in cy and shall be reviewed at his committee, as evidenced by dated minutes of such a						
	Section 300.1210 (Nursing and Perso	General Requirements for nal Care						
		section (a), general nursing at a minimum, the following ced on a 24-hour						

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	04/17/2013 APPROVED 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		145678	B. WING	·		C 02/26/2013		
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
LEXING	ON OF SCHAUMBUF	łG			75 SOUTH ROSELLE ROAD CHAUMBURG, IL 60193			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
TAG F99999	Continued From pa seven-day-a-week I 1) Medications, incl intravenous and intr administered. 2) All treatments an administered as orce Section 300.3220 M f) All medical treatm administered as orce physician orders sh director of nursing of within 24 hours after issued to assure far orders. (Section 2-1 Section 300.3240 A a) An owner, licens agent of a facility sh resident. (Section 2 These regulations w the following: Based on record re failed to follow their	ge 4 basis: uding oral, rectal, hypodermic, ramuscular, shall be properly d procedures shall be dered by the physician. Medical Care nent and procedures shall be dered by a physician. All new all be reviewed by the facility's or charge nurse designee er such orders have been cility compliance with such 104(b) of the Act) abuse and Neglect ee, administrator, employee or hall not abuse or neglect a 2-107 of the Act) were not met as evidenced by view and interview, the facility abuse policy to prevent	-	999		RATE	DATE	
	neglect and failed to physician order to co medication and a co resident (R3), in the reviewed for anticos and consultation. B	to correctly transcribe a continue an anti-coagulant ardiology consultation for 1 e sample of 4 residents agulant medication regimen y failing to correctly transcribe continue an anti-coagulant						

If continuation sheet Page 5 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVE COMPLETED C NAME OF PROVIDER OR SUPPLIER LEXINGTON OF SCHAUMBURG 145678 B. WING 02/26/201 NAME OF PROVIDER OR SUPPLIER LEXINGTON OF SCHAUMBURG STREET ADDRESS, CITY, STATE, ZIP CODE 675 SOUTH ROSELLE ROAD SCHAUMBURG, IL 60193 O2/26/201			AND HUMAN SERVICES & MEDICAID SERVICES				FORM	04/17/2013 APPROVED 0938-0391
145678 B. WING Outcome 02/26/201 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 675 SOUTH ROSELLE ROAD SCHAUMBURG, IL CODE (PACH DEFICIENCY MUST GE PRECEDED Y LLL REGULATORY OR LS2 DENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 675 SOUTH ROSELLE ROAD SCHAUMBURG, IL CORPORT REGULATORY OR LS2 DENTIFYING INFORMATION) D PROVIDERS PLAN OF CORRECTION REGULATORY OR LS2 DENTIFYING INFORMATION) D PROVIDERS PLAN OF CORRECTION CROSS HEFERENCE TO THE HOLD DE CROSS HEFERENCE TO THE HOLD DE DEFICIENCY) Corp CROSS HEFERENCE TO THE HOLD DE CROSS HEFERENCE TO THE HOLD DE CROSS HEFERENCE TO THE HOLD DE DEFICIENCY) Corp CROSS HEFERENCE TO THE HOLD DE DEFICIENCY) Corp CROSS HEFERENCE TO THE HOLD DE CROSS HEFERENCE TO THE HOLD DE CROSS HEFERENCE TO THE HOLD DE DEFICIENCY) Corp CROSS HEFERENCE TO THE HOLD DE CROSS HEFERENCE TO THE HOLD DE CROSS HEFERENCE TO THE HOLD DE THO THE TABLE TO THE ATTERNET TAG F9999	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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LEXINGTON OF SCHAUMBURG SCHAUMBURG, IL 60193 (X4) ID PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES RECULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX RECULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX RECULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX TAG PROVIDENTIFYING INFORMATION) ID PROVIDENTIFYING INFORMATION ID PROVIDENTIFYING INFORMATION) ID PROVIDENTIFYING INFORMATION ID PROVIDENTIFYING INFORMATION) ID PROVIDENTIFYING INFORMATION ID PRO	NAME OF P	ROVIDER OR SUPPLIER						
PREFIX TAG IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX TAG IEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE Construct DEFICIENCY F9999 Continued From page 5 medication and to order a Cardiology consultation, this failure resulted in R3's decline in physical condition requiring emergency hospitalization for acute onset of DVT (Deep Vein Thrombosis) with PE (Pulmonary Embolism). F9999 Findings include: R3 is a 74 year old male with multiple medical diagnoses that includes Chronic A-Fib (Atrial Fibrillation), CHF (Congestive heart failure) and COPD (Chronic obstructive pulmonary disease). Recent hospital admission from 1/9/13 to 1/23/13, shows that R3 was admitted for acute respiratory failure due to COPD, and then was also found to have a Rectus sheath hematoma wherein his anticoagulant medication prior to discharge to the facility on 1/23/13. R3 has also hr (history) of embolic stroke approximately 2 years ago. R3 was admitted to the facility on 1/23/13 under the Consultant physician's order column indicated the following: a) an anticoagulant medication to be administered twice daily b) Cardiology consult to be ordered for R3's	LEXINGT	ON OF SCHAUMBUR	IG					
 medication and to order a cardiology consultation, this failure resulted in R3's decline in physical condition requiring emergency hospitalization for acute onset of DVT (Deep Vein Thrombosis) with PE (Pulmonary Embolism). Findings include: R3 is a 74 year old male with multiple medical diagnoses that includes Chronic A-Fib (Atrial Fibrillation), CHF (Congestive heart failure) and COPD (Chronic obstructive pulmonary disease). Recent hospital admission from 1/9/13 to 1/23/13, shows that R3 was admitted for acute respiratory failure due to COPD, and then was also found to have a Rectus sheath hematoma wherein his anticoagulant medication was temporarily held. R3 was restarted on the anticoagulant medication prior to discharge to the facility on 1/23/13. R3 has also th (history) of embolic stroke approximately 2 years ago. R3 was admitted to the facility on 1/23/13 for pulmonary rehabilitation. R3 per hospital Discharge Medication Reconciliation Physician Orders on 1/23/13 under the Consultant physician's order column indicated the following: a) an anticoagulant medication to be administered twice daily b) Cardiology consult to be ordered for R3's 	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE
 R3 is a 74 year old male with multiple medical diagnoses that includes Chronic A-Fib (Atrial Fibrillation), CHF (Congestive heart failure) and COPD (Chronic obstructive pulmonary disease). Recent hospital admission from 1/9/13 to 1/23/13, shows that R3 was admitted for acute respiratory failure due to COPD, and then was also found to have a Rectus sheath hematoma wherein his anticoagulant medication was temporarily held. R3 was restarted on the anticoagulant medication prior to discharge to the facility on 1/23/13. R3 has also hx (history) of embolic stroke approximately 2 years ago. R3 was admitted to the facility on 1/23/13 for pulmonary rehabilitation. R3 per hospital Discharge Medication Reconciliation Physician Orders on 1/23/13 under the Consultant physician's order column indicated the following: a) an anticoagulant medication to be administered twice daily b) Cardiology consult to be ordered for R3's 	F9999	medication and to o consultation, this fai in physical condition hospitalization for a Vein Thrombosis) w	order a cardiology ilure resulted in R3's decline n requiring emergency cute onset of DVT (Deep	F99	999	9		
diagnoses that includes Chronic A-Fib (Atrial Fibrillation), CHF (Congestive heart failure) and COPD (Chronic obstructive pulmonary disease). Recent hospital admission from 1/9/13 to 1/23/13, shows that R3 was admitted for acute respiratory failure due to COPD, and then was also found to have a Rectus sheath hematoma wherein his anticoagulant medication was temporarily held. R3 was restarted on the anticoagulant medication prior to discharge to the facility on 1/23/13. R3 has also hx (history) of embolic stroke approximately 2 years ago. R3 was admitted to the facility on 1/23/13 for pulmonary rehabilitation. R3 per hospital Discharge Medication Reconciliation Physician Orders on 1/23/13 under the Consultant physician's order column indicated the following: a) an anticoagulant medication to be administered twice daily b) Cardiology consult to be ordered for R3's		Findings include:						
pulmonary rehabilitation. R3 per hospital Discharge Medication Reconciliation Physician Orders on 1/23/13 under the Consultant physician's order column indicated the following: a) an anticoagulant medication to be administered twice daily b) Cardiology consult to be ordered for R3's		diagnoses that inclu Fibrillation), CHF (C COPD (Chronic ob Recent hospital adr shows that R3 was failure due to COPE have a Rectus shea anticoagulant medic R3 was restarted or prior to discharge to R3 has also hx (hist	udes Chronic A-Fib (Atrial Congestive heart failure) and estructive pulmonary disease). mission from 1/9/13 to 1/23/13, admitted for acute respiratory 0, and then was also found to ath hematoma wherein his cation was temporarily held. In the anticoagulant medication the facility on 1/23/13. tory) of embolic stroke					
Reconciliation Physician Orders on 1/23/13 under the Consultant physician's order column indicated the following: a) an anticoagulant medication to be administered twice daily b) Cardiology consult to be ordered for R3's								
On 2/21/13 at 10am, E2- (Director of Nursing_		Reconciliation Phys under the Consultar indicated the followi a) an anticoagulant administered twice b) Cardiology consu anticoagulant medic	sician Orders on 1/23/13 nt physician's order column ing: medication to be daily ult to be ordered for R3's cation management.					

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		HAND HUMAN SERVICES				FORM	04/17/2013 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
145678			B. WING	i		C 02/26/2013	
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
LEXINGTON OF SCHAUMBURG					75 SOUTH ROSELLE ROAD SCHAUMBURG, IL 60193		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	stated that the nurs transcription error r management for R facility. R3 was not given a nor was a cardiolog resident was in the E2 discussed their as follows: 1. the admission nu orders 2. the shift nursing shift charge nurse r 3. the facility admitt approval of the adm 4. the admitting nur pharmacy. On 2/21/13 at 11am nurse) stated that h admission medicati that he was made a "missed" the antico when R3 had alread On 2/25/13 at 2pm (shift nurse supervi missed " the antico for R3 on 1/23/13. On 2/21/13 at 3pm, stated that R3 did n medication was hel development of rec restarted prior to dis has to be on antico	ses made a physician regarding anticoagulation 3 during his admission to the an anticoagulation medication, gy referral was done while the facility from 1/23/13 to 2/8/13. protocol on new admissions urse transcribed the admission supervisor and the on-coming reviews the admission orders. ting physician is notified for	F99	999			

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		HAND HUMAN SERVICES				FORM /	04/17/2013 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	145678			÷		C 02/26/2013	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
LEXING	TON OF SCHAUMBUF	łG		-	75 SOUTH ROSELLE ROAD CHAUMBURG, IL 60193		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	Continued From pa	age 7	F9	999			
	On 2/21/13 at 10:30am, Z2 and Z3 (Pharmacy consultants) both stated that the pharmacy did not receive orders for anticoagulation medication from the facility's faxed admission orders for R3 on 1/23/13.						
	On 2/21/13 at 1:50pm, Z4 (attending physician) of R3 in the facility stated that he was not made aware of any anticoagulation medication management for R3 during admission on 1/23/13. On 2/26/13 at 2:30pm, Z5's NP (Nurse Practitioner) stated that R3 has to be on long term anticoagulation medication						
	On 2/8/13, R3 was admitted to the hospital for urosepsis and also recent onset of: Acute DVT (Left popliteal deep vein thrombosis) with PE (Pulmonary embolism).						
	Abuse Prevention F Option 5: Neglect is "a facility medical care that is	/P (Policy and Procedure) for Program under: /'s failure to provide adequate s necessary to avoid physical					
	harm."	В					
							L

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